**POLICY BRIEFING DOCUMENT**

**Improving the Cervical Cancer Screening Program by involving family physicians – family medicine specialists**

**Context and meaning of the intervention**

Cervical cancer is a significant public health challenge in North Macedonia. Effective organized screening is crucial for early detection of precancerous lesions and prevention of invasive disease. The current screening model relies mainly on gynecologists, but the insufficient number of primary care gynecologists in certain regions leads to low PAP test coverage. Namely in 40 municipalities there is no single gynecological office (half of the municipalities in Macedonia), while in 25 municipalities there is insufficient number of gynecologists. Although there has been an increase in coverage of women with the screening in recent years, there is still unequal access to screening among women in rural areas, Roma communities and other environments where there are no primary care gynecologists. This situation indicates an urgent need to expand this model by involving primary care physicians – family medicine specialists in the implementation of cervical cancer screening. The involvement of primary care physicians, family medicine specialists, can increase the availability and coverage of screening, especially in rural areas and municipalities where there are no primary care gynecologists.

**Key reasons for involving family doctors**

* **Professional staff and prior training :** Family medicine specialists are already trained in taking PAP smears (part of their specialization), which can be upgraded with additional training to refresh practical skills and interpret PAP results at the PHI Clinic for Gynecology and Obstetrics.
* **Wide network and trust:** They are present in all environments, including rural and hard-to-reach places; At the same time, patients have a high level of trust in their family doctors. Therefore, they represent an underutilized potential for improving the screening program.
* **Constant contact with the target population of women for screening:** Family doctors cover a large number of patients, including girls and women in the target age group (21–59 years), with whom they are in constant contact due to various health problems.
* **Opportunity for health education and stigma reduction:** Family doctors can effectively educate women about the importance of regular check-ups and encourage them to get a Pap test or HPV test. In doing so, they can help overcome cultural barriers and stigma associated with visiting a gynecologist.
* **Flexibility in screening methods:** Implementing the HPV test as the primary method will further facilitate the involvement of primary care physicians, as no gynecological equipment or a separate room is required. At the same time, the HPV swab can be taken during a woman's regular visit, without the need for a prior appointment.

### Recommendations for the Ministry of Health

1. **Amendments to the laws and bylaws**

* To amend the relevant laws and bylaws in order to enable family doctors - family medicine specialists, to issue referrals for PAP test /HPV test , to have access to the electronic cervical cancer screening module to enter data and receive information on the status of patients.

1. **Inclusion of family physicians – family medicine specialists in the National Cervical Cancer Commission**

* To appoint representatives from family doctors - specialists in family medicine , especially from rural areas, to the National Commission for prevention of cervical cancer, so that their views, experiences and needs are taken into account when planning the screening program .

1. **Implementation of HPV testing as a primary screening method**

* To prepare a strategic plan for the gradual replacement of the PAP test with the HPV test . The HPV test will improve the quality of screening, will enable adequate involvement of family doctors – family medicine specialists, and will increase the coverage of women with screening.

1. **Organizing training and continuing education**

* The Ministry of Health, together with the Medical Faculty, Center for Family Medicine and University Clinic for Gynecology and Obstetrics, to organize trainings for family doctors - specialists in family medicine for: renewing practical skills for taking PAP smears and interpreting results according to the Bethesda system. Correctly taking and interpreting HPV swabs.

1. **Package of services and allocation of financial resources**

* To develop a clear package of services for cervical cancer screening that will encompass the activities of family physicians – family medicine specialists.
* To provide additional financial compensation for family physicians – family medicine specialists, in accordance with the defined package of services for cervical cancer screening.

1. **Improving health infrastructure in primary health care**

* To equip gynecological offices in Primary health centers and health stations (public health institutions) in rural settlements, which will be used by family medicine specialists to take PAP smears as needed.
* Provide financial and technical resources to prepare laboratories in public health facilities for a significant increase in samples for analysis to reduce waiting times for results.

1. **Improving cooperation at the primary health care level**

* To encourage formal and informal cooperation between family physicians - family medicine specialists and family gynecologists through the establishment of joint protocols, guidelines and regular meetings for the exchange of experiences and updating of data, such as for screening cervical cancer as well as for the overall sexual and reproductive health of women.

1. **Administrative relief for family doctors**

* Consider the possibility of introducing a minimum co-payment or another appropriate model that would reduce the large influx of unnecessary visits to family doctors, allowing general practitioners to have sufficient time for screening, health education, and preventive health care.

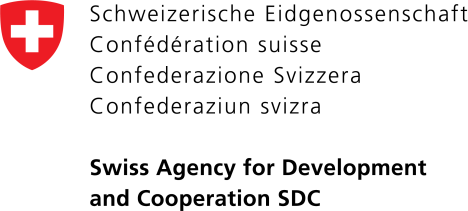
**Needs and prerequisites for effective inclusion**

The recommendations to the Ministry of Health are based on the opportunities, needs and challenges identified by family medicine specialists [[1]](#endnote-1).

* **Renewal and improvement of knowledge** : Training is needed to renew practical skills for taking a PAP smear as well as for interpreting the results according to the Bethesda system, due to the fact that after completing specialization, most doctors have not had the opportunity to practice taking PAP smears in their work. If the HPV smear is introduced as a screening method, the training will be much shorter and simpler.
* **Infrastructure : If the PAP test** continues to be used , it is necessary to purchase appropriate equipment in the offices. If **the HPV test** is introduced , there is no need for additional equipment in the offices of family doctors.
* **Legislation and administrative access:** Family doctors do not have access to the electronic cervical cancer screening module, nor can they record services for Pap smears/HPV smears taken, nor can they issue referrals for Pap tests/HPV tests to laboratories.
* **Financial incentive:** The inclusion of screening-related services represents additional health services for primary care physicians for which adequate financial compensation is necessary.
* **Existing overload of family doctors:** Family doctors are overloaded with examinations and administrative tasks, which can lead to resistance to accepting additional health services related to screening.
* **Insufficient communication and coordination:** There is a lack of adequate coordination and communication between the various health institutions at the primary level, as well as at the different levels of health care, throughout the country. As a result, there is an absence of a coordinated holistic approach to preventive health care for women's sexual and reproductive health.

1. The opportunities, needs and challenges were identified by family medicine specialists at a one-day consultative workshop conducted within the framework of the project **"Advanced Health Rights of Girls, Women and Vulnerable Groups"** , which is supported by the Swiss Development Agency through the **Civica Mobilitas program** . The project is implemented by the partner organizations: HERA - Association for Health Education and Research, Association for Emancipation, Solidarity and Equality of Women - ESE, Association for Support of People Living with HIV - TOGETHER STRONGER, Association Initiative for Women's Rights from Šuto Orizari.

   The content of this document is the sole responsibility of HERA – Association for Health Education and Research, Association for Women's Emancipation, Solidarity and Equality – ESE, Association for Support of People Living with HIV – TOGETHER STRONGER and Association Initiative for Women's Rights of Šuto Orizari and can in no way be considered to reflect the views of the Swiss government, Civicamobilitas, or the organizations implementing it. [↑](#endnote-ref-1)